

The Effect of Counseling on Contraceptive Selection in Women of Reproductive Age Couples

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ABSTRACT

Keywords:
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One of the efforts made by the government to control the rate of population growth is through the Family Planning Program (KB). Puskesmas Sipatana is one of the areas in Gorontalo City with a high number of live births 17.36% and 17.66% low active birth control. The low coverage of family planning services is a challenge in midwifery services, for that socialization is more intensified by using digital channels, such as electronic media so that it can still reach the wider community. The research objective was to analyze the effect of counseling on contrast selection among women of childbearing age in the working area of Puskesmas Sipatana, Gorontalo City. The experimental design used in this study was a pre-experimental design with a One-group posttest only design approach. The variables in this study consisted of independent variables, namely counseling and dependent variables in the choice of contraceptive methods. The study population was all women in the appropriate age of 1400 and the sample that met the inclusion criteria was 100 respondents. The research was conducted from September to December 2020. The results of the linear regression test showed that education, work, knowledge and attitudes had no effect on contraceptive choice. Age, parity and counseling influence the choice of contraception. The multivariate test results show that age is the dominant variable that influences the choice of contraception.

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1. Introduction

Indonesia is a country which is seen from its population in the fourth position in the world. As a developing country, Indonesia has serious population problems and must be addressed immediately so that a population explosion does not occur. The factors causing the population explosion include a large population, rapid population growth, uneven population distribution, many married at an early age, the family planning program has not been implemented properly and many rural residents are urbanizing. The high rate of population growth has resulted in population problems becoming an urgent problem and must be addressed immediately.

The Indonesian Health Demographic Survey (IDHS) in 2017 the use of contraceptives in all ways from 62% up to 64%, however there are still 34% reproductive age couples (PUS) who have not been served and have not used contraception. The use of family planning according to the type of contraceptive method / method in Indonesia is dominated by the use of injection types (34.3%). The hormonal family planning group consisted of modern types of implants, injections and pills, while the non-hormonal group consisted of male sterilization, female sterilization, intra uterine device (IUD), diaphragm and condom.

The Profile of Gorontalo Province in 2018 shows that there are 205,252 active family planning participants, with details of 44,806 family planning pill acceptors, 61.209 injections, 7.838 IUD, 19.379 implants, 2.449 MOW and 431 MOP, while in March 2020 use of IUD 23.383, implants 51.536, injection 341.109, pills 146.767, condoms 19.583, MOP 1.196, and MOW 8.093.

Based on the preliminary study conducted, the Puskesmas Sipatana working area is one of the areas in Gorontalo City with a high number of live births 17.36% with the lowest active family planning achievement of 17.66%. Midwives also conveyed that the interest women of reproductive age couples to install the Long-Term Contraception Method (MKJP) was low.

The low coverage of family planning services is a challenge in midwifery services, for that socialization is even more intensified by using digital channels, such as social media so that it can still reach the wider community. This is what makes researchers important to carry out this research.

The purpose of this study was to identify the knowledge and attitudes women in reproductive age couples about contraceptive methods and to analyze the effect of counseling on the choice of contraceptive methods for women in reproductive age couples.

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2. Material and Method

The type of research used was pre-experiment with one group posttest only design approach. The sampling technique used a purposive sample method. From the total population of 1400 women with PUS, 100 respondents who met the inclusion criteria were aged 20-40 years with parity ≥ 2 . This research was conducted in the working area of the Puskesmas Sipatana, Gorontalo City from September to December 2020.

The research process starts from collaborating with midwives and cadres to make house visits to respondents who meet the criteria. Distributing questionnaires to measure knowledge and attitudes about contraceptive methods. Take anamnesa with and physical examination to ensure the respondent meets the requirements for one of the contraceptives. Furthermore, providing counseling using video media via a smartphone with a duration of approximately 15 minutes. The frequency of counseling was done 2 times and 4 times. After the respondent chose the family planning method, the midwife treatment it at the Puskesmas.

2.1 List Of Tables

Table 1.

Distribution of Respondents in the Work Area of the Sipatana Puskesmas

Variable	amount	Percentage (%)
Age		
≤ 35 years old	76	76
> 35 years	24	24
Parity		
Number of children 2	59	59
Number of children > 2	41	41
Education		
SD-SMP	46	46
SMA-PT	54	54
Profession		
Work	81	81
Not working	19	19
Knowledge		
Less	60	60
Good	40	40
Attitude		
Less	42	42
Good	58	58
Counseling (frequency of video delivery)		
Frequency 2 times	56	56
Frequency 4 times	44	44
Contraceptive Selection		
Non MKJP	34	34
MKJP	66	66
Total	100	100

Source : Primary Data, 2020

Table 2.

Cross Tabulation of Variable Selection of Contraception in the Working Area of PHC Sipatana

Variable	Contraceptive selection				Total	
	non MKJP		MKJP		n	%
	n	%	n	%		
Age						
≤ 35 years old	30	39.5	46	60.5	76	100
> 35 years	4	16.7	20	83.3	24	100
Parity						

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Variable	Contraceptive selection				Total	
	non MKJP		MKJP		n	%
	n	%	n	%		
Number of children 2	25	42.4	34	57.6	59	100
Number of children > 2	9	22	32	78	41	100
Education						
SD- SMP	15	32.6	31	67.4	46	100
SMA -PT	19	35.2	35	64.8	54	100
Profession						
Work	28	34.6	53	65.4	81	100
Not working	6	31.6	13	68.4	19	100
Knowledge						
Less	14	23.3	46	76.7	60	100
Good	20	50.0	20	50.0	40	100
Attitude						
Less	16	38.1	26	61.9	42	100
Good	18	31.0	40	69.0	58	100
Counseling (Video Giving Frequency)						
2 times	24	42.9	32	57.1	56	100
4 times	10	22.7	34	77.3	44	100
Total	34	34.0	66	66.0	100	100,0

Source : Primary Data, 2020

Table 3.
Effect of Age and Selection of Contraception in the Work Area of the Sipatana Puskesmas

Variable	Regression Coefficient	Don't count	Beta	Sig t	Information
Constant	0.6 05	11 , 268			
Mother's age	0.2 28	2, 08 0	0.2 0 6	0.0 40	Significant
R Square	0.0 42				

Source : Primary Data, 2020

Table 4.
Effect of Parity and Contraception Selection in the Work Area of the Sipatana Puskesmas

Variable	Regression Coefficient	Don't count	Beta	Sig t	Information
Constant	0, 5 76	9 , 465			
Mother's Parity	0.2 04	2, 14 8	0, 212	0.0 34	Significant
R Square	0.0 45				

Source : Primary Data, 2020

Table 5.
The Effect of Education on Contraception Selection in the Work Area of the Sipatana Puskesmas

Variable	Regression Coefficient	Don't count	Beta	Sig t	Information
Constant	0.67 4	9 , 555			
Education	- 0, 0 26	-0.26 8	-	0, 789	Not Significant
R Square	0.0 01		0.027		

Source : Primary Data, 2020

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Effect of Occupation and Contraception Selection in the Work Area of the Sipatana Puskesmas

Variable	Regression Coefficient	Don't count	Beta	Sig t	Information
Constant	0.6 54	12, 310			
Profession	0, 030	0, 24 5	0.02 5	0.8 0 7	Not Significant
R Square	0.0 01				

Source : Primary Data, 2020

Table 7.

The Effect of Knowledge and Contraception Selection in the Work Area of the Sipatana Puskesmas

Variable	Regression Coefficient	Don't count	Beta	Sig t	Information
Constant	0.767	12,911			
Knowledge	-0.267	-2,850	0.0276	0.005	Not Significant
R Square	0.076				

Source : Primary Data, 2020

Table 8.

The Effect of Attitudes with the Selection of Contraception in the Work Area of the Sipatana Puskesmas

Variable	Regression Coefficient	Don't count	Beta	Sig t	Information
Constant	0.619	8,407			
Attitude	0.071	0.730	0.074	0.467	Not Significant
R Square	0.005				

Source : Primary Data, 2020

Table 9.

Effect of Counseling with Contraception Selection in the Work Area of the Sipatana Puskesmas

Variable	Regression Coefficient	Don't count	Beta	Sig t	Information
Constant	0.571	9,142			
Counseling	0.204	2,136	0.211	0.034	Significant
R Square	0.044				

Source : Primary Data, 2020

Table 10.

Results of Multiple Regression Analysis for Contraception Selection in the Work Area of the Sipatana Puskesmas

Model	Unstandardized Coefficients		Standardized Coefficients		Sig.
	B	Std. Error	Beta	t	
1 (constant)	0.455	0.073		6,208	0,000
Age	0.222	0.106	0.200	2,092	0.039
Parity	0.181	0.093	0.188	1,951	0.054
Counseling	0.176	0.092	0.184	1,907	0.060

Source : Primary Data, 2020

3. Results and Discussion

Based on the distribution of respondents, it was found that most of them were ≤ 35 years old as many as 76 people (76%), parity of the number of two children was 59 people (59%), high school education and university education were 54 people (54%), worked as many as 81 people (81 %).

The results of the univariate analysis showed that 60 people (60%) had less initial knowledge about family planning, 58 people (58%) had good attitudes towards family planning services, 56 people (56%) were able to make decisions about choosing a method after it was done 2 times video counseling and 66 people (66%) chose MKJP.

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The results of the bivariate analysis showed that the variables that influenced the choice of contraception were age (p-value 0.040), parity (p-value 0.034), and video counseling (p-value 0.034) influenced the choice of contraception. While other variables, namely education (p-value 0.789), occupation (p-value 0.807), knowledge (p-value 0.005), and attitude (p-value 0.467) had no effect on contraceptive selection in women with PUS (p-value > 0,05).

The results of the multivariate analysis used multiple linear regression tests, namely by entering the bivariate analysis with p-value <0.05. Based on the modeling with the enterm method, it can be seen that the mother's age is the dominant variable that affects the choice of contraception after being controlled by parity and counseling variables.

3.1 Discussion

a. Effect of Age on Selection of Contraception

Prawirohardjo (2013) age is very influential in regulating the number of children born, the period of age 20-35 years is the period of spacing between pregnancies, so it requires a method that has high effectiveness, long duration (2-4 years) and reversible, and a period of > 35 years is a phase of terminating pregnancy so that contraception with higher criteria is needed and does not add to existing disorders or diseases.

If we look at the basic pattern of rational contraceptive use, the period to prevent pregnancy (<20 years) is recommended to use contraception in the order suggested by birth control pills, IUD / IUD, and condoms while during pregnancy spacing (20-30 years) it is recommended to use contraception with IUD / IUD sequences, birth control pills, injections, implants, condoms and contacts. Women who are > 35 years old should not become pregnant again to prevent complications during pregnancy, childbirth and the puerperium.

Age has a positive relationship with the choice of contraceptive method, where the high level of reproductive system maturity or maternal age will be followed by an increase in the choice of long-term contraceptive methods.

b. Effect of Parity on Contraceptive Selection

The results of this study indicate that the higher the parity, the contraceptive selection behavior will increasingly lead to MKJP. The number of children is one of the factors that most influences the behavior of reproductive age couples in using the contraceptive method. The results of this study are supported by Indahwati et al. (2017) that there is a relationship between the number of children and the choice of contraception. Respondents with moderate and high parity mostly use IUD that have high effectiveness.

One of the things that motivates someone to decide to join the family planning program is that women feel that the number of children alive is sufficient for the number of children they want. The number of living children affects a person's participation in family planning. Mothers who have two children are advised to use long-term contraception in order to reduce the risk of pregnancy.

In accordance with Julian's (2010) opinion quoted by Ritonga (2020), the number of children is closely related to the family planning program because one of the missions of the family planning program is to create a family with an ideal number of children, namely two children in one family, male and female alike. In general, women are more aware that the sex of the child is not important so that when the number of children is considered ideal, women tend to follow the family planning program.

The number of children began to be paid attention to each family because it was related to the level of welfare, the more children the head of the family had to pay for material needs as well as to maintain the health of the reproductive system because the more frequent births, the more vulnerable to maternal health (Sugiarti, et al, 2012 in Nilawati and Hirawati P, 2014). This shows that respondents have used the family planning program to limit the number of children in the family (Ritonga, 2020).

c. Effect of Education on Contraception Selection

Based on the results of the study, it was found that although there were respondents who had low education, they had good initial knowledge about contraception. Respondents obtain family planning information through health workers, family, friends, print and electronic media. Advances in science and technology make it easier to obtain information independently, for example through the YouTube application.

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This contradicts the statement of Notoatmodjo (2012) that the higher a person's education, the better his knowledge will be. Education determines whether a person is easy to absorb and understand knowledge. Education is one of the factors that greatly determines a person's knowledge and perception of the importance of a matter, including the importance of participating in family planning. This is because a highly educated person will have broader views and are more receptive to new ideas and ways of life.

d. Effect of Work on Selection of Contraception

Occupation does not affect respondents in choosing the contraceptive method because some of the respondents who choose MKJP are housewives (IRT). Even though they do not have work outside the home, it does not mean that the IRT has no activities. Taking care of the house including teasing, loving and fostering children is an activity that occurs throughout the day. All respondents are mothers who have ≥ 2 children so that if the pregnancy spacing is not properly regulated, the busyness of taking care of the child and the house will increase.

The results of this study contradict Sinaga et al. (2020) which states that women who have jobs and participate in the family economy will tend to regulate their fertility more, by preferring to have one child or even not wanting to have children, competition in careers in the work environment and even policies from the workplace. they chose not to have children.

The dual role of mothers as housewives and as breadwinners is increasingly needed along with technological advances. Working mothers have limited time for consultations and check-ups at health facilities, including examinations for contraception and family planning. The process of pregnancy, childbirth and breastfeeding encourages mothers to be able to adjust the range of the reproductive process because it can affect performance at work.

Mothers who work interact more with other people and get more information from various media so that they can gain insight, including insight into family planning. In addition, working mothers have dense activities with various activities, so that they will feel effective and efficient by using the type of contraception that has long-term effectiveness.

e. Effect of Knowledge on Contraception Selection

The results showed that most of the respondents had less initial knowledge about family planning. The information held is only in the form of definitions and types without knowing the advantages and disadvantages of each contraception. However, after counseling through video, it is assumed that knowledge has increased so that it is able to choose a contraceptive method.

Knowledge about family planning is very important for acceptors to have in choosing a contraceptive device to use because knowledge is a very important domain in shaping a person's attitude. Family planning participants who are still using pill contraceptives and other non-long-term methods are directed to choose a spiral / IUD or long-term method that is cheaper and has been known to have more effective protection and long-term use, used once in a long time (BKKBN, 2012).

The more information a woman has, the more consideration will be in choosing a family planning method. Effective contraception is one that can provide protection against unwanted pregnancy. And the knowledge they have can help acceptors know the side effects of the implant, so they can make a decision to carry out a consultation or control the birth control installation to the midwife.

f. Effect of Attitudes on Contraceptive Selection

The tendency of respondents' attitudes towards contraception is influenced by several factors, including the respondent's experience in family planning and the number of children they have. Attitude shows approval or disapproval of something or likes or dislikes something. In this case concerning contraceptives. The attitude of the respondent is very influential on the contraceptive device that will be chosen. Respondents who have a good attitude towards something can be caused by the positive belief that the respondent has and vice versa.

Respondents' unfavorable attitude towards non-Hormonal MKJP contraceptives was caused by the respondents' incomplete knowledge of family planning, fear, discomfort, and the influence of other people who were known through stories which led to negative attitudes towards MKJP contraception. This unfavorable attitude about MKJP then led to the unwillingness of respondents to choose the type of contraception MKJP (Setiasih et al., 2016).

g. Effect of Counseling on Contraceptive Selection

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Many women have difficulty in making the choice of contraception. This is not only due to the limited availability of the methods available, but also by their ignorance of the requirements and safety of the contraceptive method. Various factors must be considered including health status, potential side effects, consequences of failure or unwanted pregnancy, planned family size, partner consent, even cultural and parental norms. For this reason, counseling is a very important integral part of family planning services (Murtiyarini, 2015).

Efforts to increase public knowledge about information about family planning according to one of them can be conveyed through the media, the media used by researchers is video media, the advantages of video media are media that are moving and dynamic, can be seen to be heard, which is a combination of images and voices that build characters the same as the original object (Amelia et al., 2020).

According to Maulana (2014) the use of video media is more effective and efficient than using the word or written method. The video media used is the 4th level in the Elgar Dale cone, describing the intensity of each props in a cone. Increased knowledge using audio visual media is classified as an effective media. This is because audio-visual media (video) is more attractive, less boring, because it has vivid images and is easy to understand. Respondents are more interested in watching (seeing) and listening, so that the increase in respondents' knowledge is better (Amelia et al., 2020).

This is in line with research conducted by Indriasari (2020) that the use of YouTube media has an effect on increasing the understanding of EFA about family planning programs. There is a lot of information obtained by PUS by watching various videos of family planning counseling via youtube. Apart from being able to increase understanding of EFA, youtube media can also help in choosing the right contraceptive method.

In addition, in the research conducted by Handini (2012), the results of the difference test of knowledge before and after treatment obtained p value <0.005 , which means that there is a significant difference between knowledge before and after treatment in both the control group and the group. The family planning counseling treatment provided by midwives gave significant changes to the knowledge and attitudes of mothers. The use of video media is a new thing in family planning counseling.

Family planning counseling, which is usually carried out by midwives, generally uses flipchart media for family planning decision-making tools (ABPK) or without using media. This causes the use of video media to be more attractive to respondents, research respondents will pay close attention to the content contained in the video, so that the respondent's memory works to get information about MKJP can be remembered well by respondents (Nurdiana et al., 2016).

Rini (2005) states that husband's support is a caring attitude that is shown in the form of good cooperation and provides moral and emotional support (Pradekawati, 2019). Husband's support is the support provided by the husband to his wife, a form of support where the husband can provide psychological assistance in the form of motivation, attention and acceptance. Husband's support is a helpful relationship that has special value for the wife as a sign of a positive bond (Goldberger & Breznis, 1982 in Pradekawati, 2019).

According to Sarafino (2010) cited by Dianto (2017), husband's support is one part of social support. Social support is comfort, attention, appreciation or helping people with an attitude of accepting the conditions obtained from individuals or groups. Therefore, the husband's support is one of the factors in the occurrence of unmet need, as indicated by the attitude of the husband who is supportive or unsupportive.

According to research conducted by Ajong et al. (2016) a woman whose partner agrees to use contraception is 0.52 times less likely to experience unmet need than a woman whose husband does not agree. Family planning and contraceptive use are a pair. The freedom a woman has is when discussing family planning with her partner, then her partner agrees and supports her.

The driving factor consists of competent health workers, attitudes and behavior of officers in providing health services. The availability or non-availability of health facilities can be a determinant, in terms of supporting factors for the realization of health behavior. Supporting factors consist of social support and the influence of other people or significant people (Notoatmodjo, 2012).

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The result of multivariate analysis showed that the mother's age was the dominant variable that influenced the choice of contraception after being controlled by parity and counseling variables. As many as 60.5% of respondents have an age ≥ 35 years. Age is a determining factor for respondents in choosing MKJP. Where this stage is a risky age for women to undergo the reproductive process. The older the higher the risk for a woman to experience pregnancy, childbirth and childbirth. After giving counseling, respondents understood and chose MKJP because it was more effective in providing protection from the risk of pregnancy with a longer period of time.

4. Conclusions

The conclusion of this study is that there is an effect of counseling on contraceptive selection in women of reproductive age couples at the Sipatana Health Center, Gorontalo City. Suggestions that need to be given to family planning service implementers are expected to be able to establish standard family planning counseling procedures using assistive media in the form of videos, ABPK flipcharts, leaflets and after contraceptive treatment, acceptor continue to communicate and routinely control to avoid contraceptive side effects.

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